



Prevalence and Demographic Predictors of Complementary Health Approaches: A Nationally Representative Survey

Thomas M. Motyka¹, DO, MHPE, MSc; Clarissa Angeloff, MPH¹; Kyle Agostini, OMS-III¹

¹ Campbell University Jerry M. Wallace School of Osteopathic Medicine



Background: Complementary health approaches (CHA) such as meditation, yoga, tai chi, acupuncture, and supplements are widely used in the United States. Prior studies have identified demographic predictors, but updated, nationally representative data remain limited, particularly in the post-COVID-19 period.

Objective: To estimate the prevalence and demographic predictors of CHA use in the past year among U.S. adults.

Methods: A cross-sectional survey of adults (N=3,022) was conducted in August 2024 using Qualtrics Panels, quota-matched to Census demographics. Participants reported CHA use and demographic information. Logistic regression models estimated adjusted odds ratios (AORs).

Results: Nearly 95% of adults reported CHA use in the past year. Predictors included age 35–49 and ≥65 versus 18–34, female sex, higher education, employment, and income above poverty. Race/ethnicity, insurance, geographic region, and rural/urban residence were not significant.

Conclusions: CHA use is nearly universal. Osteopathic manipulative treatment remains a distinctive yet rarely used modality, underscoring opportunities for growth in osteopathic physicians' role in integrative care.

- **Use in the U.S.:** Widespread and growing, with increasing integration into healthcare [1–3].
- **What counts as CHA:** Includes meditation, yoga, tai chi, acupuncture, hypnosis, supplements, and special diets [4].
- **Predictors of use:** Higher use among females, middle-aged adults, and those with higher education/income [5,6]; associations with multiple chronic conditions [7]; links to health behaviors and wellness orientations [8,9]; and psychological beliefs relevant to use [10].
- **Gap:** Few post-COVID-19, nationally representative, category-specific reports are available [11].
- **Objective:** Estimate 12-month CHA prevalence and identify demographic predictors of overall and category-specific use in U.S. adults.

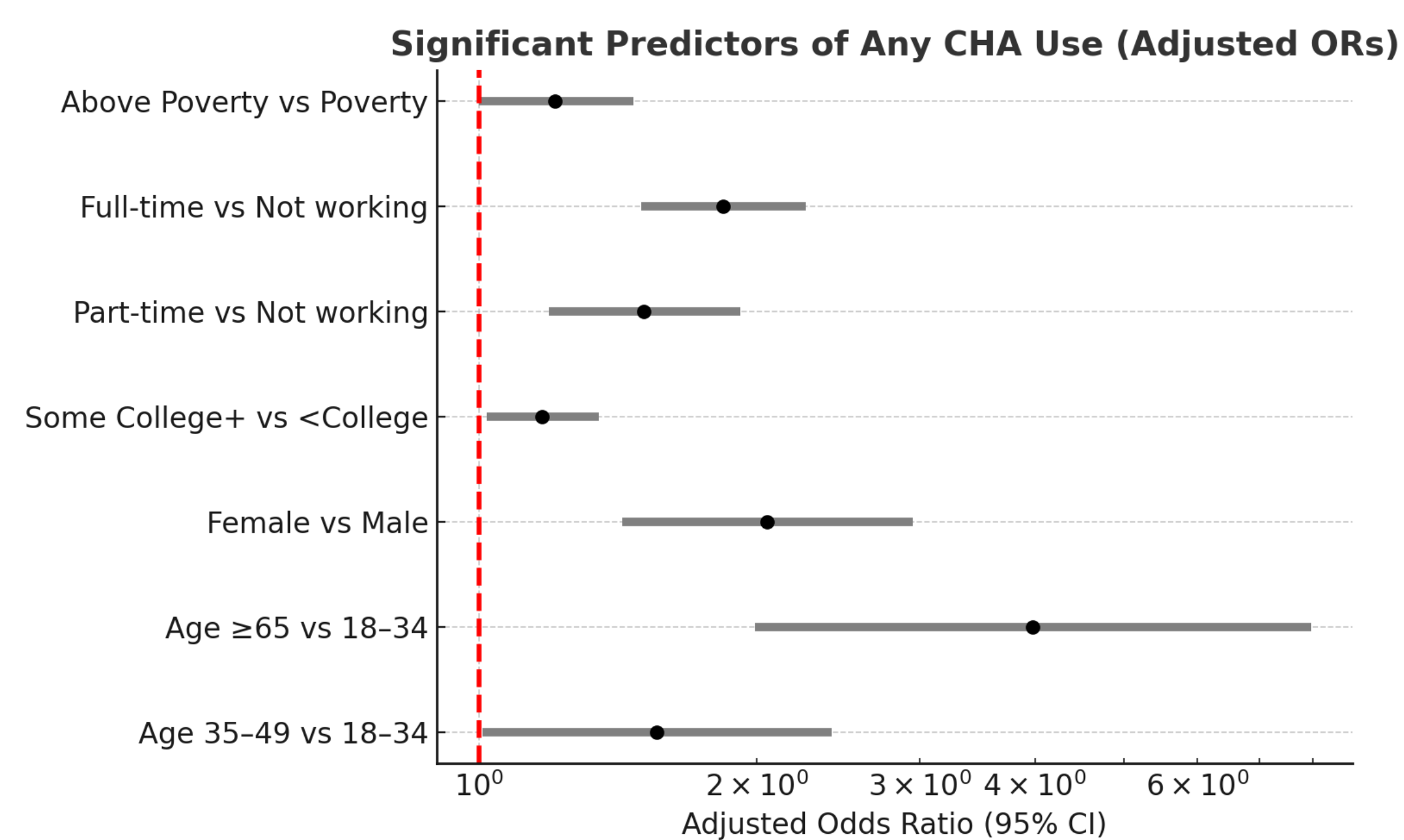
- **Design and sample:** Cross-sectional survey of U.S. adults (N=3,022; August 2024) via Qualtrics Panels, quota-matched to Census benchmarks [12].
- **Eligibility:** Adults aged ≥18 years who completed CHA and demographic items.
- **Outcomes:** Any CHA use in the past 12 months, plus category-specific outcomes (nutritional, psychological, physical, combined, systems) [4].
- **Predictors:** Age, sex, race/ethnicity, education, employment, income, insurance, and geography; selection informed by prior literature on demographic/health correlates of CHA use [5–7].
- **Analysis:** Multivariable logistic regression produced adjusted odds ratios (AORs) with 95% CIs; significance set at p<.05.

Overall prevalence: Nearly 95% of adults reported CHA use in the past year.

Significant predictors:

- Age 35–49 (AOR = 1.56) and ≥65 (AOR = 3.98) vs 18–34
- Female sex (AOR = 2.05)
- Some college or more education (AOR = 1.17)
- Part-time (AOR = 1.51) and full-time employment (AOR = 1.84) vs not working
- Income above poverty (AOR = 1.21)

Not significant: Race/ethnicity, insurance status, geographic region, and area of residence showed no adjusted associations with overall CHA use



Prevalence of Complementary Health Approach Use Among U.S. Adults

CHA Approach	Used n (%)	Not Used n (%)
Acupuncture	189 (6.3)	2833 (93.7)
Light/magnetic/electrical stimulation	226 (7.5)	2796 (92.5)
Art/music/dance	1526 (50.5)	1496 (49.5)
Biofeedback	130 (4.3)	2892 (95.7)
Deep breathing	1491 (49.3)	1531 (50.7)
Chiropractic	368 (12.2)	2654 (87.8)
Other devices	168 (5.6)	2854 (94.4)
Herbalist	201 (6.7)	2821 (93.3)
Homeopathy	154 (5.1)	2868 (94.9)
Heat/cold therapies	1073 (35.5)	1949 (64.5)
Hypnosis (therapist)	113 (3.7)	2909 (96.3)
Guided imagery	236 (7.8)	2786 (92.2)
Massage	492 (16.3)	2530 (83.7)
Meditation	1257 (41.6)	1765 (58.4)
Mindfulness/spiritual practice (not prayer)	1106 (36.6)	1916 (63.4)
Movement therapy (not yoga/taichi)	270 (8.9)	2752 (91.1)
Naturopathic physician	156 (5.2)	2866 (94.8)
Special diet (non-Rx)	484 (16.0)	2538 (84.0)
Osteopathic manipulation	102 (3.4)	2920 (96.6)
Other supplements	1338 (44.3)	1684 (55.7)
Prayer	1948 (64.5)	1074 (35.5)
Progressive relaxation	748 (24.8)	2274 (75.2)
Self-hypnosis	184 (6.1)	2838 (93.9)
Shamanic journeys	159 (5.3)	2863 (94.7)
Spiritual healer	196 (6.5)	2826 (93.5)
Tai chi/qi gong	152 (5.0)	2870 (95.0)
Traditional healing system	306 (10.1)	2716 (89.9)
Vitamin/mineral supplements	2288 (75.7)	734 (24.3)
Yoga	602 (19.9)	2420 (80.1)

- **Overall CHA use:** High prevalence supports the ongoing incorporation of CHA in U.S. health behaviors and care contexts [1–3].
- **Predictors of higher use:** Middle and older age, female sex, higher education, employment, and income above poverty were associated with greater use, consistent with prior national work [5–7].
- **Non-significant factors:** Race/ethnicity, insurance status, geographic region, and rural/urban residence were not independently associated with overall CHA use.
- **Context:** Findings align with historical and trend reports and reflect continued movement toward integrative models of care [1–3,13].
- **Osteopathic relevance:** OMT remains a distinctive, hands-on contribution within integrative care; highlighting OMT within CHA use patterns underscores opportunities for osteopathic medicine to expand patient-centered impact.
- **Future directions:** Continued national monitoring (e.g., NHIS updates) and category-specific analyses are needed to track post-pandemic trends and guide implementation [11].

- Eisenberg DM, Davis RB, Ettner SL, et al. Trends in alternative medicine use in the United States, 1990–1997: results of a follow-up national survey. *JAMA*. 1998;280(18):1569-1575. doi:10.1001/jama.280.18.1569
- Clarke TC, Stussman BJ, Nahin RL. Trends in the use of Complementary Health Approaches among adults: United States, 2002–2017. *Natl Health Stat Rep*. 2018;(112):1-16.
- Nahin RL, Rhee A, Stussman B. Use of Complementary Health Approaches overall and for pain management by US adults. *JAMA*. 2024;331(7):613-615. doi:10.1001/jama.2023.26775
- National Center for Complementary and Integrative Health. Complementary, alternative, or integrative health: what's in a name? Updated April 2025. Accessed August 10, 2025.
- Barnes PM, Bloom B, Nahin RL. Complementary and alternative medicine use among adults and children: United States, 2007. *Natl Health Stat Rep*. 2008;(12):1-23.
- Bishop FL, Lewith GT. Who uses CAM? A narrative review of demographic characteristics and health factors associated with CAM use. *Evid Based Complement Alternat Med*. 2010;7(1):11-28. doi:10.1093/ecam/nen023
- Falci L, Shi Z, Greenlee H. Multiple chronic conditions and use of complementary and alternative medicine among US adults: results from the 2012 National Health Interview Survey. *Prev Chronic Dis*. 2016;13:E61. doi:10.5888/pcd13.150501
- Cramer H, Lauche R, Dobos G. Characteristics of yoga users compared to exercise users: results of a national survey. *Am J Health Promot*. 2014;28(3):178-182. doi:10.4278/ajhp.120516-QUAN-265
- Upchurch DM, Rainisch BW. The importance of wellness among users of complementary and alternative medicine: findings from the 2007 National Health Interview Survey. *BMC Complement Altern Med*. 2015;15:362. doi:10.1186/s12906-015-0883-3
- Bishop FL, Yardley L, Lewith GT. A systematic review of beliefs involved in the use of complementary and alternative medicine. *J Health Psychol*. 2007;12(6):851-867. doi:10.1177/1359105307082447
- National Center for Complementary and Integrative Health. National Health Interview Survey 2022. Updated May 2024. Accessed August 11, 2025.
- United States Census Bureau. American Community Survey: 2020 ACS 1-Year Estimates Data Profiles. Updated September 2021. Accessed August 11, 2025.
- Briggs JP, Shurtleff D, Nahin RL. Integration of complementary and alternative medicine into mainstream healthcare in the United States: The status of evidence and recommendations. *Glob Adv Health Med*. 2012;1(3):30-36. doi:10.7453/gahmj.2012.1.3.009